

# REQUEST FOR PERSONNEL ACTION

## PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Action Requested Termination of Detail	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Felicia Peppins - 202-564-7428	4. Proposed Effective Date 03-28-20
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Michael Molina, Deputy Chief of Staff	6. Action Authorized By (Typed Name, title, signature, and Concurrence Date) Andrew R. Wheeler, Administrator

## PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1, Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Beck, Nancy	2. Social Security Number	3. Date of Birth	4. Effective Date
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### FIRST ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

### SECOND ACTION

6-A. Code	6-B. Nature of Action	6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority		

### 7. FROM: Position Title and Number

### 15. TO: Position Title and Number

Senior Advisor for Pollution Prevention and Chemical Safety

8. Pay Plan AD	9. Occ Code 0301	10. Grade or Level 00	11. Step or Rate 00	12. Total Salary	13. Pay Basis PA	16. Pay Plan AD	17. Occ Code 0301	18. Grade or Level 00	19. Step or Rate 00	20. Total Salary/Award	21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization  
National Economic Council

22. Name and Location of Position's Organization  
Environmental Protection Agency  
Office of Chemical Safety and Pollution Prevention

## EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

## POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) Washington, DC		
40. AGENCY DATA	41.	42.	43.
44.			
45. EDUCATIONAL LEVEL	46. YR. DEGREE ATTAINED	47. Academic Discipline	48. FUNCTIONAL CLASS
			49. CITIZENSHIP 1-USA 8-OTHER
			50. Vietnam Era Vet
			51. SUPERVISORY STATUS

## PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE

OVER